SHAMANISM AND PSYCHOTHERAPY

by

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"A curse on you young people!
I am Lian, dumb spirit
Who utters only scattered sound with no meaning
You died when you were still young".

Kenyah Dyak Shaman

This quotation is from the healing chant of Balu Asong Gau (Halifax, 1979, page 219) who began shamanizing in childhood. The last two lines in particular are reminiscent of descriptions of schizophrenia. The penultimate line suggests the 'word-salad' of the chronic schizophrenic and the last line may be compared with R.D. Laing's description of the withering and death of the 'self' in 'The Divided Self'. (1960).

The familiarity with suffering is a common theme in most shamanic practices wherever they may occur. Yet, for all its mournful tone, this is a healing chant and the shaman may enjoy a considerable degree of success in healing of many kinds.

This essay will attempt to give a perspective on Western attitudes to "Mental Illness" in terms of shamanic practice, drawing on the ideas of Laing in relation to his 'existential-phenomenological' account of certain types of madness, and consider what we might learn from shamanism. It will begin by looking at some contemporary views of shamanism.

THE SHAMAN

The word 'shaman' comes to us from the Tungusic "saman". It is a world wide phenomenon with a history which may date back to Neanderthal times and is still important in Africa, Australia, Oceania and the Americas, although it is more usually associated with North and Central Asia.

The primary function of the shaman is as a communicator and mediator between the natural, human world with its attendant problems of sickness and death, and the supernatural world of spirits, who bring about such events. The shaman may take the role of judge or

politician and act as a repository of the culture's history both as an artist and by memorising tribal legend. They may be diviners - guiding hunters, farmers and builders in their tasks - and they know the ways of plants and animals and their pharmacological usage. They can often function in parallel with witchcraft and a mainstream religion. Over and above all this they are 'Soul Doctors' whose function is to diagnose and cure illness or, if this is not possible, to ensure the safe passage of the soul to its just reward. The shaman communicates with the Spirits while in an ecstatic trance involving a spiritual journey to the Spirits' world. The voice of the Spirit may manifest itself through the agency of the entranced shaman, offering forgiveness for the patient or indicating that death is inevitable. The skill and knowledge that the shaman possesses is secret and mystical and the shaman is feared and respected as an extraordinary mortal. In order to present an overview of a typical shaman we will draw on descriptions by many writers from many cultures.

Becoming a Shaman

In order to become a shaman one must be chosen and accepted by the Spirits. In some cultures such choice is indicated by the onset of dreams or visions or by the occurrence of some traumatic illness or event: in others it may be voluntary or hereditarty. Amongst Siberian tribers the appearance of 'Arctic hysteria' - culturally stereotyped hysterical behaviour - is a good indication of Spirit possession. (Lewis, 1971, p 54). The neophyte begins to enter trances and learns to communicate with the Spirit world. Such trances indicate to the rest of the community that the neophyte has been accepted for training by the Spirits.

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This initial phase, in which the neophyte is in the uncontrolled possession of the Spirits, does not accord the status of Shaman. During the initial phase of possessiion the soul of the future shaman undertakes an arduous journey to the Spirit world during which the soul dies and is reborn. This may occur spontaneously (e.g. during a protracted illness) or it may be provoked by deprivation of food, drink or sleep, beatings or torture. The shaman's 'spirit body' is taken by the Spirits and subjected to dismemberment involving great suffering. The head may be cut off and the body fluids and entrails removed. Flesh is stripped from the bones and fed to the evil Spirits that cause sickness, thus forging a link between the shaman and specific illnesses. The bones are then boiled and the body is reassembled with the inclusion of an 'internal illumination'. Rasmussen recalls the Eskimo who said:

"Every real shaman has to feel an illumination in his body . . . something that gleams like fire, that gives him the power to see . . . into the hidden things . . . or into the secrets of another man."
(Halifax,1979.p14)

The Spirits then give further instruction to the shaman,

indicating a special costume and paraphernalia for inducing trances. The shaman is shown how to travel to the Spirits' world of Heaven and Hell. Most important of all, the Spirits reveal the songs which the shaman will sing during ceremonies of healing, the songs which are the key to the Spirit's worlds. The shaman's soul then returns to the body and shamanizing can begin. The shaman is still controlled by the spirits and must practice as a shaman: to fail to do so would cause suffering or even death. This control is however reciprocal since at each shamanizing the shaman repeats the journey to the Spirit's world voluntarily and there treats with the Spirits, making demands of them without fear of retribution. The Spirits have already eaten of the shaman's substance and thus have already received their payment. The shaman knows intimately the nature of sickness and death in the Spirit world and can thus transcend them in the human world. The shaman is a 'Man of Power' (Castaneda, 1970)

Practising as a Shaman

The shaman, having been initiated by the Spirits, may undergo a long period of training with an elder shaman in order to learn traditional ceremonies. A costume must be made and sacred artefacts prepared according to the prescription of the Spirits. Most shamans act as healers for the community by employing a protraced healing ritual. In order to illustrate the process of healing, we will give an abbreviated account of such a ceremony reported by Gillin (1948)

"The patient was a sixty-three year old Guatamalan Indian woman suffering from what we would term 'depression'. This was her eighth attack. Treatment began with a diagnostic session attended by the woman, her husband, a male friend and two anthropologists. The shaman felt her pulse, looked her in the eye and told her she was suffering from 'espanto' brought on by her husband's infidelity, urging her to tell the whole story. The woman then spoke at length of her frustrations and anxieties and gave a detailed account of the precipitating incident. The shaman told her she could be cured and gave instructions for the healing ceremony to be held four days later. She was responsible for the preparations which involved preparing medication, preparing a feast, persuading a friend to act as a 'servant' and persuading one of the Chiefs of the village to participate.

On the appointed day the home and the house altar were decorated and guests and participants were assembled. The shaman then arrived and there was a period for light refreshment and social chit-chat which eased tension and created a group atmosphere. The shaman and the elders then went to the church to appease the Christian god, since it was felt that "God" would not approve of the pagan ceremony about to be performed., On their return a large meal was served and the shaman began to shamanize. Communion with the evil Spirit responsible for the woman's malady was established and appeals were made for the return of the stolen soul. Her body was then massaged

with whole raw eggs. The shaman and his helpers then took the eggs and other paraphernalia to the place where the precipitating incident had occurred, where further pleas were made. On their return to the house there began a period of intense prayer and purification lasting until about 2.00 am. The patient and audience then went outside with the patient almost naked. The shaman sprayed her body with a magic fluid containing alcohol and she drank about a pint of this fluid. They went back inside where the shaman again massaged her with the whole eggs. Then she dressed and lay down on a bed in front of the altar. The shaman broke the eggs into a bowl of water, watched each one sink and pronounced the patient cured. The woman shouted "That is right" and fell into a deep sleep. For the next few days she had a high fever (treated with antibiotics by the anthropologists) and then recovered without any sign of the depression. All previous symptoms had disappeartd, the whole process from diagnosis to full recovery having taken eight days. The high drama and the speed of the cure are common to all shamanic healing. (Rogerrs, 1982)

We are now in a position to investigate the mechanisms of shamanism and its curative powers. Before doing so we will consider some of the problems that many Western researchers encounter when asked to consider such unfamiliar phenomena as shamanism.

Western Attitudes Towards Shamanism

Many previous attempts to interpret the phenomenon of shamanism have focused on similarities between aspects of shamanic practive and Western concepts of 'madness'. The shaman has been classified as hysteric, neurotic, or even psychotic, from the time of Krivoshapkin (1861)* until the present day. More than this some writers, notably Devereux (1956)*, have held that societies in which shamanism is prevalent are in some sense anomic. In such a society of madmen the 'mad' individual becomes 'normal' and vice versa. Other writers have included shamanism under the generic title 'possession' and like Yap (1969) termed all such phenomena 'Psychogenic psychosis'. There are very many similar claims. There is however a large body of writing which opposes these negative views. Murphy (1976) has reported that Alaskan Eskimos can distinguish quite clearly between mental illness and shamanic possession. Nadel (1946) writing of the Nubaz says, "Neither epilepsy, nor insanity . . . are regarded as symptoms of Spirit possession. They are diseases, abnormal disorders. . . I recorded no case of a shaman whose professional hysteria deteriorated into serious mental disorder". In fact in many cultures the typical symptoms of Western psychopathology exclude the victim from becoming a shaman. In other cultures evidence of mental and physical health is an absolute prerequisite of cult membership, especially in Austraila.

* Both cited in Eliade, M.(1964)

In so many studies by Westerners of non-Western cultures there has long been a tendency to measure both competence and performance by the yardstcik of Western ideals, with an implicit notion of Western superiority. Indeed we are so concerned with measurement that we continually strive to categorise everything. Thus we have generated categories such as 'mad' (with all its sub categories), 'criminal', 'primitive', and 'normal'. Whilst we may have a fairly good idea of what is 'normal we know hardly anything of the other categories and we often fear their members and regard them as inferior. Our understanding of our environment is often limited and so we categorise by exclusion until we 'understand'. We take 'failure to understand' in Western terms to indicate ignorance and we scorn ignorance. In terms of the topic of this essay we all 'know' that there is no such thing as possession,. Unfortunatly, this assumes that we know what possession is.

Jaynes (1976) has provided numerous examples of the use of 'possesssion' by ancient cultures to guide the individual in everyday life and resolve crises. Most cultures throughout the world and through history have at some time included elements of possession as an integral part of their system of social control. Thus the Christian church used possession to indicate withcraft and the work of the Devil. In England witchcraft was only finally destroyed when, instead of combatting it, the Protestant church denied its existence (Thomas, 1971) Yet the Christian church still holds an implicit idea of possession in the pervasive belief that 'God's love is within me' - an unrecognized example of possession in a society which ostensibly scorns it, and one which exerts a powerful influence in its adherents. Christianity in England has had, and continues to have, major influences on the well being of both the community and the individual. Even atheists are affected by Christian values! Western cultures still incorporate 'faith' in many parts of the system. Essentially, possession, magic, hypnosis, and many other unexplained phenomena exist and function for individuals and societies so long as people believe in them, though their effects may vary between cultures. One has only to consider the Placebo Effect or the description by Sutherland (1976) of the use by a psychiatric hospital for several weeks of a broken ECT machine without anybody noticing, to conclude that belief is an important factor in the effectiveness of treatment. For the shaman, belief is a fundamental part of this healing process both for the shaman and the patient. Even belief however cannot account for all a shaman does.

The Endurance of Suffering and Learning to See

"I have pursued my apprenticeship for sixty-four years... many times I have gone to the mountains alone. Yes, I have endured much suffering... Yet to learn to see... you must do this. For it is not I who can teach you the ways of the gods. Such things are learned only in solitude." Matsuwa. Huichol Shaman. (in Halifax. 1979, p 250)

"It is just possible to have a thorough knowledge of . . . . . schizophrenia . . . without being able to understand a single schizophrenic."

R.D.Laing

Throughout recorded history people have been concerned with the interaction of the 'soul' with the rest of the 'world'. Here I propose that 'soul' and 'self' are synonymous and that few people have a clear picture of what they mean by these terms. In conjunction with the 'self' we have such terms as 'personality' - the mask we present to others - which may vary in its correspondence according to our needs. There are many other associated terms e.g. 'mind and body' (Descartes) and all indicate a separation between related terms. Yet they are not separate. People must continually interact with others and within themselves, with the environment (explained and unexplained) and with the past and the future. In many circumstances the individual must take into account, when deciding a course of action, factors which are essentially imponderable. Little wonder then, that we can become confused and frightened.

'Timor mortis', the fear of death has, over the centuries, been vital in creating and sustaining many religions which have attempted to reduce uncertainty and demoralization. R.D.Laing in 'The Divided Self' describes the 'ideal' ontologically secure person, a person who encounters and deals with all the hazards of life 'from a centrally firm sense of their and other people's reality and identity'. Existentially, this person is in control of life with a clearly defined sense of individuality and autonomy, knowing the purpose and limits of his or her existence - in short the ideal 'categorized person'. Few people, however, go through life without encountering problems of such magnitude that they present a serious threat to their ontological security. Laing writes of the ontologically insecure person who never achieves this clearly defined state and suggest that this may create what we term schizoid and schizophrenic individuals. Beck (1970) describes clinically depressed people who speak of 'not being in control of their own existence'. Yet since we must account for imponderables, we can only attempt to create contingency plans - we can never be wholly 'in control'. To categorize those not in control we have created the category of ' mental illness' to account for people in such a state (and have attached an implicit label of 'disgrace' to this category). Such people are, like criminals, isolated from the rest of society. Laing suggests that to the ontologically secure person even ordinary interactions (the sort that most people deal with quite adequately) are life-threatening in that they will absorb and thus destroy the self. In order to compensate for this feeling of impending engulfment the ontologically insecure person isolates the self, severing the relationship between the self and the rest of the world. Yet, because there is an interactive relationship between these two parts, severing the link eventually leads to the ' death' of both. As Laing states, when schizophrenics describe themselves as being dead, existentially they are

dead. They have 'lost their soul'. However since the only death that our culture recognises is biological death we can only apply the term 'mad' to a person making such an obviously untrue statement.

In order to deal with madness, we have created psychiatry, still largely dominated by psychoanalysis, and psychotherapy. Many of these systems of treatment have factors in common with shamanism, not only in their practice but in the nature of their practitioners. Personality studies of psychotherapists and psychiatrists have shown a number of personality traits that may also be shown in the shaman. Beck (1967) found that all groups exhibit quasineurotic phenomena, rapid dissociation, self-insight, high tolerance of stress and achievement of cures through the transmission of healthy values. Beck also asserts that no group can be classified as neurotic types when a full perspective is taken. Psychoanalysts and many other types of psychotherapist undertake an extensive application to themselves of the treatment that their patients will eventually experience which, it is assumed, will create an understanding, an empathy, with the way the patient feels. Western therapy like shamanism includes a large measure of mysticism in its theory and application. Both contain a number of intangible elements which are understood by experts. These 'important experts' are expected to control and cure the visitation of an 'illness' in an idividual. They may include in their repertoire the use of drugs and surprising, inexplicable behaviour e.g. remaining non-committal when the patient expects an answer or encouraging wholly unusual behaviour in the patient. They are expected to exhibit a considerable degree of commitment to their patients. They may fail to achieve a cure, and may apportion 'blame' to the patient's resistance. Many other similarities can be demonstrated which can lead one to conclude that there is at least the possibility of a dialectic between two methods of treatment.

There are however, a number of very important differences between the two. Shamanism is in its principles and application, much more extreme than Western therapy, more important in everyday life and makes an explicit use of faith rather than the Western implicit approach (eg the Placebo Effect). Both the shaman and the rest of their culture are expected to believe in the truth of the relevant mythology. Once fundamental belief is established the shaman can make awesome use of its powers. The shaman, having an intimate knowledge of the world of Spirits (who control everything) can provide an existentially rational explanation to every problem, thereby largely negating uncertainty. Even more than this, the shaman can recognize the 'soul' of the patient and, when it is lost to the Spirits, can go as an equal to the Spirit world and participate in the authority of the Spirits themselves. It is hardly possible to imagine any greater power that a human could acquire - an egalitarian relationship with omnipotence! Although Western therapy makes use of both intangible

elements (ego, id etc.) in its theory, and a belief in the effectiveness of its practice, it can hardly be equated in this respect with shamanism. It does attempt to address problems of ontological security but it cannot offer as complete a solution as shamanism can. If the shaman cannot effect a cure then the crisis can always be resolved. The patient must either seek out a more influential shaman to treat with the Spirits, or submit to the will of the Spirits. For the Eastern therapist, attempts to create a sense of empathy are limited by the requirement to maintain a 'professional distance' between therapist and patient. Indeed, there is a strong tradition in the West that One can never know how another really feels since any feeling (or lack of feeling) may be quite different from one individual to another. Thus Heidegger said:

"I cannot die another person's death for him, nor can he die my death".

and Sartre in comment: -

"In short, he cannot be me, and I cannot be him".

in Laing ibid. page 55.

Who then can understand what it is like to experience the 'inner death' of the schizophrenic? We propose that societal attitudes and the expectation of a secret autonomy of the self, so dear to Western values, serve to block total empathy between therapist and patient. Indeed we all maintain a 'professional' distance giving of ourselve only with attached conditions (cf Car. Rogers and 'unconditional positive regard'). Yet unconditional 'love' is not totally alien to Western values. To quote the Bible, 'Greater love hath no man than this: that a man lay down his life for his friends' (St.John 15:13) In shamanic cultures, all participants have an implicit belief that the shaman has undergone the ultimate death of all parts in all possible ways and has been reborn. In Christian societies this sacred status is reserved for Christ Himself: we hardly need stress the power and influence of Christianity in Western Values. The shaman, by definition, is believed to know the suffering of the patient intimately in a way no Western therapist could. In 'The Divided Self' Laing quotes a patient, Joan:-

"The first time I cried, you made a terrible mistake; you wiped away my tears with a handkerchief ..... if only you could have licked my tears with your tongue, I would have been completely happy. Then you would have shared my feelings" (Page 88)

Perhaps the finest quality of shamanism is its ability to relate to all parts of its society in its practice. This is best illustrated by examining Gillins' (1948) account of a healing ceremony:-

The treatment began with a 'catharsis' which, like the rest of the episode, (and unlike Western therapy) involved the rest of the community and it was, in a sense, the community rather than the patient alone that was cured. The shaman gave a very definite indication to the woman that she would be cured in four days time, thus confirming expectation of a

cure. She was given a large measure of control over her own life and restored to a position of importance in the community by having to prepare the ceremony and having both a 'servant' and an important guest present. The ceremony itself produced a relaxed and very supportive atmosphere and provided an opportunity for further catharsis. Finally the shaman announced a definite cure which essentially was true.

Implications for Western Therapy

Shamanism is not of course immune to criticism. There are many recorded instances of shamans failing to effect a cure and some shamans are undoubtedly 'in it for the money', charging considerable fees for their services. For those maladies such as broken bones, cuts and various infections shamanism has much less to offer than Western medical systems. It is in the area where psychological factors become important that shamanism may have something to offer Western therapy. Totman (1979) has argued that psychological factors may be implicated in a far wider range of physical illnesses than is traditionally acknowledged.

Many writers (eg Anderson and Helm, 1979)* have described that impersonal, mechanistic nature of Western medical care in which the patient may become so depersonalized that he or she may be referred to as 'it' (as in Schuyler, 1976) and treatment is aimed at a malfunctioning organ rather than a person. Furthermore in the West a patient becomes a special category of individual often resulting in the isolation of the patient from the rest of society and the adoption of a 'sick role'. (Scheff, 1975) This is particularly true of 'psychiatric illness' The usual relationship between the individual and society is thus severed.

Western medical knowledge is only partly accessible to the patient and detailed explanation of diagnosis, treatment and prognosis are infrequently offered. The patient usually has some medical knowledge and opinion but the medical model of a particular illness may be very much at odds with the patient's own model (Helman , 1978) Even if an explanation is offered, the complexity of that explanation will often render it meaningless and thus sound advice may be ignored (Watts, 1982) and the patient must live in confusion and uncertainty.

Confusion and uncertainty are largely allayed in shamanic cultures since the shaman's knowlege is apparently perfect for the shaman and wholly inaccessible to the lay-person. The implicit acceptance of the shaman as one who 'knows everything ' gives a very firm basis for the employment of persuasion and healing by the shaman, both of which are of much importance in therapy (Brenman and Gill, 1947). The reality of shamanic beliefs are of little importance in this respect. There are several anecdotal accounts of 'non-believers' being cured of illness by shamanic techniques, which may well be attributed to the shaman's immense skill in persuasion.

The shaman is a much more accessible member of the community

* cited in Rogers (1982)

than a Western physician and enjoys a much closer personal relationship with patients. The patient is treated at all times as part of the community and sickness is seen as a disturbance in the community rather than in an individual. Thus it is usual for many people to attend the healing ceremony. The shamanic culture does not seek to exclude the victim of Spirit possession The whole society, under the guidance of an expert, seeks to restore to its rightful place a displaced 'strand of the web of existences' (see Bates 1983). Control of illness (as far as the Spirits will allow) is kept firmly in the hands of the patient and the community.

The application of shamanic concepts to Western therapy would not be simple. The reduction of confusion, closer and more honest relationships between the medical system and the community and a more active employment of persuasion and faith could all be of great benefit to Western therapy.

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